

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OR SUPPLIER MARCELLA CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANCOCAS ROAD BURLINGTON, NJ 08016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 05/19/2020 Census: 76	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		6/3/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/02/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of other pertinent facility documents, it was determined that the facility failed to follow appropriate infection control practices and handle soiled personal protective equipment in a safe and sanitary manner during a COVID-19 Focused Survey.</p> <p>This deficient practice was identified for 2 of 3 nursing units (Unit █ and Unit █), as was evidenced by the following:</p> <p>On 05/19/20 at 11:03 AM, during the initial tour of the facility, the surveyor interviewed the Unit Manager (UM) of Unit █ regarding Personal Protective Equipment (PPE) (specialized clothing or equipment worn by employees for protection against safety hazards) required to care for residents who tested positive for COVID-19. The UM stated that all staff was required to wear an N-95 mask (a mask that filters out 95% of airborne particles), gown, protective eyewear, and gloves when entering the room of a COVID-19 positive resident and were not permitted to wear gowns in the hallway.</p> <p>At 11:16 AM, the surveyor observed signage outside of a resident room, which revealed that the resident was on Extended Contact and Airborne Precautions for particular respiratory circumstances. Further review of the signage revealed that staff was required to perform hand hygiene before and after patient contact, contact with the environment, and after removal of PPE.</p>	F 880	<ol style="list-style-type: none"> 1. CNA #1, CNA #2, and Hospice Aide were immediately re-educated on personal protective equipment (PPE) Disposal and hand hygiene. Linen Cart immediately replaced and sanitized. 2. All residents have the potential to be affected by the deficient practice. Facility wide education completed on Hand Hygiene and PPE. Infection prevention (IP) rounds focusing on hand hygiene and PPE use completed multiple times daily. 3. The Nurse Practice educator or designee will complete 5 random, hand washing competencies weekly for 3 months. The results of these competencies will be reported to the Director of Nursing Monthly. Infection prevention clinical rounds will be completed by the Unit Manager or designee daily and reported to the Director of Nursing for 3 months. 4. The findings of the competencies and IP rounds will be reviewed by the Director of Nursing monthly for trending and compliance. The Director of Nursing will report the findings of her review to the monthly QAPI Committee for 3 months. Additional actions will be taken as appropriate. 		

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F 880	<p>Continued From page 3</p> <p>The surveyor observed a female caregiver open the closed door of the resident's room before removing her gloves and discarding them in a trash can. She exited the room without first performing hand hygiene or removing an orange gown that covered her uniform. She pulled back the outside curtain that covered the front of the linen cart and obtained a blanket from the shelf.</p> <p>When interviewed, the caregiver identified herself as a [REDACTED] who was employed by an outside agency. She stated that she already provided AM (individual) care to the resident. She further said that she removed her gloves and just stepped out into the hall for a second to get a blanket from the linen cart. She stated that she was not supposed to wear a gown outside of the resident's room. She further noted that she was required to remove her gown and dispose of it in the trash can inside the room when she finished with the care of the resident.</p> <p>At 11:21 AM, the surveyor interviewed the UM of Unit [REDACTED], who stated that the [REDACTED] should have removed both her gown and her gloves and performed hand hygiene before exiting the resident's room and accessed the linen cart. She stated that the linen cart was contaminated. She further noted that the linen cart would be removed from the unit, decontaminated, and exchanged to prevent the potential spread of infection.</p> <p>At 11:26 AM, the surveyor observed the Hospice Aide come out of the room with two bags of trash, which she placed in the soiled utility room. She then turned on the faucet, wet her hands, applied soap, and washed her hands for 15 seconds.</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>When interviewed, the [REDACTED] stated that she was required to wash her hands for 15 to 20 seconds.</p> <p>At 11:32 AM, the surveyor interviewed the UM of Unit #2, who stated that staff was required to turn on the faucet, wet their hands, apply soap, and scrub for 20 seconds.</p> <p>At 11:35 AM, the surveyor observed CNA #1, who wore an orange gown over her uniform as she walked through the hallway. She entered a resident room that contained external signage and cautioned that the resident was on Extended Contact and Airborne Precautions.</p> <p>The surveyor interviewed CNA #1, who stated that the resident was presumed to be positive for COVID-19 due to refusal of testing. She noted that the facility required her to doff her gown and place the disposable gown in a plastic bag, tie the bag shut and dispose of it in the designated area near the nurse's station. CNA #1 removed her gown and accessed a plastic PPE cart in the hallway that contained plastic bags but did not obtain a plastic bag. She stated that she needed a small bag and closed the cart. She then proceeded to the soiled utility room and disposed of the orange gown directly into a bin within the room without first placing it in a secured plastic bag as described. The surveyor noted a sign affixed to the door of the soiled utility room, which cautioned that all discarded gowns must be put in a clear garbage bag, tied, and placed in the bins.</p> <p>At 11:49 AM, the surveyor interviewed the UM of Unit #2, who stated that all gowns should be bagged, tied, and disposed of in the bins provided in the soiled utility room.</p>	F 880			

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F 880	Continued From page 5 At 12:26 PM, the surveyor toured Unit █ of the facility and observed CNA #2 exit the room of a resident who had signage outside of the room to indicate that Extended Contact and Airborne Precautions were required. The surveyor observed that CNA #2 placed a pair of gloves into a trash bag located in the hallway. When interviewed, CNA #2 stated that she performed hand hygiene with alcohol-based hand rub before she left the resident's room but then carried her gloves to the trash bag in the hall to discard them. She then applied gloves without performing hand hygiene and pushed the lunch truck down the hall. At 12:45 PM, the surveyor interviewed the Unit Manager In-Training of Unit █, who stated that once gloves were removed, staff were required to perform hand hygiene and before the application of new gloves. She further noted that handling soiled gloves after hand hygiene was performed would make your hands dirty again. At 2:01 PM, the surveyor interviewed the Center Nurse Executive (CNE), who stated that hand hygiene was required after resident care was provided, and gloves were to be discarded. She further noted that failure to do so before accessing a linen cart would render the cart contaminated. She stated that after glove removal, the staff was required to throw them in the trash and wash their hands for 20 seconds. When the staff changed their gloves, they were also required to perform hand hygiene. The CNE stated that extended use gowns were	F 880			

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F 880	<p>Continued From page 6</p> <p>permitted to be worn from room to room, providing that all residents were positive for COVID-19. She said that when staff finished with resident care, they should doff their gowns, place them in a plastic bag, tie it shut and place it in the receptacle provided. She further stated that all gowns should be bagged and tied shut when carried through the hallway; and that the purpose of bagging soiled gowns was to prevent transmission of infection.</p> <p>The surveyor reviewed the facility policy, " IC203 Hand Hygiene" (Reviewed 11/15/19) which revealed the following:</p> <p>Purpose: To improve hand hygiene practices and reduce the transmission of pathogenic microorganisms.</p> <p>Process:</p> <p>Perform hand hygiene:</p> <p>Before resident care...after patient care, after contact with the patient's environment.</p> <p>Hand hygiene techniques:</p> <p>To wash hand with soap and water: Wet hands with warm (not hot) water, apply soap to hands and rub hands vigorously outside the stream of water for 20 seconds covering all surfaces of the hands and fingers. Rinse hands with warm water and dry thoroughly with a disposable towel. Use a clean, dry, disposable towel to turn off the faucet.</p> <p>Surveyor review of the facility policy titled, " IC303 Droplet Precautions and Respiratory Hygiene/Cough Etiquette" (Revised 06/15/19)</p>	F 880			

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F 880	Continued From page 7 which revealed the following: 4.3 Before exiting the room, remove and bag PPE and wash hands. 4.3.1 Remove bagged PPE from the room and discard in soiled utility. NJAC 8:39-19.4 (a) 1 and 2	F 880			